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Original Lectures.

SCABIES AND URTICARIA.

NOTES FROM A CLINICAL LECTURE DELIVERED MARCH 11, 1890. BY TEMPLE S. HOYNE, M. D., PROFESSOR OF SKIN AND VENEREAL DISEASES IN THE HAHNEMANN HOSPITAL, OF CHICAGO.

Case 13640. This lady brings to the clinic her little daughter, who has an eruption upon the anterior surface of the arms, upon the hands and between the fingers and upon the lower extremities. The mother says it began three months ago upon the buttocks and it has extended as you see. The child slept with another little girl about that time and the mother thinks she caught it from her, as the other child had a breaking out. Other members of the family are becoming affected and they are afraid that it is contagious. Thus far the disease has been entirely neglected and the child has received no treatment whatever, except frequent baths of warm water.

The case before us is certainly one of scabies and I wish you to pay particular attention to it, because it is a very important disease to be well acquainted with, and because the disease is becoming a very rare one in Chicago and vicinity. It is not often that one is presented in this clinic. Within the past three weeks, however, I have seen forty cases in one institution, and it is possible that it may spread through the city. The forty I refer to were all girls, and although there were fifty or more boys in the same

institution, not one was affected because the two sexes were kept separate in the class-room and in the playground. Two or three of the teachers contracted the disease from the girls' department.

The disease termed scabies, or the itch, while considered a simple inflammation of the skin, is really an artificial eczema, made such by the hands of the patient. It generally makes its first appearance upon the hands, especially between the fingers where the skin is thin and delicate, and at the inner flexure of the wrist, or about the feet and ankles. The subjects of the disease are of both sexes and are usually persons who are intimately acquainted with filth and poverty. In infants and young children the first appearance of the disease is often upon the buttocks, as in the case before us. It is probably a fact that this child caught this affection from the little girl she slept with three months ago, for that is the usual time it takes to get under full headway and scatter it over the body.

Scabies is certainly a contagious disease. The female acarus, soon after being brought in contact with the surface, dives head first beneath the skin and commences digging a canal or cuniculus, as it is called, in which she proceeds to lay her eggs—20 to 50 in number. In children it is rather easy to discover the cuniculi excavated by the insect, as minute, brownish or black curved lines, looking as though a piece of black sewing silk had been run beneath the skin, terminating in one extremity in a papule or pustule. It is supposed by some dermatologists that the color of the line is due to the excreta of the insect, and by others to dirt.

This canal or dirt-line is two or more inches long and is the most important diagnostic sign of the disease when it can be found. It is frequently lost sight of in chronic cases where there has been much scratching, and when scabies is accompanied with other itching diseases of the skin.

The male acarus does not burrow under the cuticle, but busies himself upon the surface, hiding under the crusts which are sooner or later formed. As the eggs hatch out, the acari come to the surface, the females become impreg-

nated, and immediately commence digging a canal to deposit their eggs. The female lives about three months in a snug home at the end of a furrow she has made, and then dies, but the disease is kept up by the constant hatching of the eggs.

Itching is at times a prominent symptom, and is occasioned by the burrowing of the insect. It is experienced mainly at night, after the body becomes warm in bed, and for the reason that heat renders the acarus more active. The eruption of vesicles and pustules is the result of the scratching. Even small ulcers sometimes are produced by the dirt and irritation.

The disease is carried from one part of the body to another by means of the nails. From the hands to the feet, to the nipple, to the penis, to the fore part of the arm, to the belly, etc.; and from one person to another by contact, when the soil is suitable.

The diagnostic points are: 1. The caniculus and the acarus (washing the parts carefully makes the furrow more distinct). 2. The location of the eruption in the first instance where the cuticle is thin. 3. Absence of the eruption from the face and the posterior surface of the arms and hands. 4. The multiformity of the eruption; that is, the presence of papules, vesicles, pustules, scabs and ulcers. 5. The nightly itching, aggravated by heat. 6. The evidences of contagion.

There are quite a number of skin affections with which scabies may be confounded. It is more often mistaken for eczema, which it somewhat resembles, than any other disease. In the latter eruption you should bear in mind that there is a more or less constant discharge of serum, and the vesicles are crowded together, forming a patch of considerable size. The itching in eczema is apt to be experienced as much in the day as at night, although in exceptional cases it is worse at night, and aggravated by heat. The two diseases may be associated as a result of constant irritation of the skin.

Lichen is sometimes mistaken for scabies, or *vice versa*, because it itches, and the itching is aggravated by heat.

It should be remembered that there are no visicles or pustules in lichen—simply a papular eruption and a uniform eruption. The itching is what confuses the physician ; but when one recalls the fact that the itching in scabies is usually much less than in lichen or eczema, this symptom alone has not much weight. Scratching is rather pleasant in scabies, and relieves the itching, while in eczema and lichen it is apt to aggravate it. Lichen occurs on the outer aspect of the arm, and possibly upon the back of the hand and fingers, but never between the fingers. Lichen may also appear upon the face, the rarest of situations for scabies, if it ever does appear there. But the main diagnostic point is the character of the eruption—a uniform and papular one in lichen, and a multiform one in scabies, consisting of papules, vesicles, pustules, and scabs. Of course there are no evidences of cuniculi in lichen or eczema.

Lichen pruriginosus presents papules with bloody apices, from the scratching with the nails, and has been mistaken for scabies, but the uniformity of the eruption and the absence of the diagnostic symptoms of the latter should render mistakes of this character of rare occurrence. Scabies may be complicated with lichen in rare cases. It is claimed, in fact, that many cases of lichen urticatus are dependent upon scabies. In all instances where the itch is complicated with eczema, lichen, or other skin disease, the history given by the patient almost invariably shows that scabies was the first affection.

Although there are several other affections which might be mistaken for scabies, I will content myself by mentiontioning but one other, and that is phthiriasis, or lousiness. As the diagnosis of the latter disease is so readily made by a close inspection of the skin—the pediculi, not acari, are so easily discernable—not a moment need be wasted in comparing the appearance of the eruption. They are both parasitic diseases, it is true, but differ greatly in their general characteristics.

Sulphur ointment has always been regarded as the great cure for all cases, but as we all know that this para-

site cannot live if the soil is not suitable, it by no means follows that because sulphur has killed the parasite (if it has) that the soil has been made insupportable to them. In the case of an institution, or other thickly populated building, when it is advisable to get rid of the disease as rapidly as possible to prevent its spread, sulphur ointment might be used along with the indicated remedy. But it by no means follows, even if the ointment is faithfully applied, that we shall soon get rid of it. Many of our homœopathic authors speak of inveterate cases for which Arsen. and Psorinum have been recommended; of cases which have resisted sulphur or mercurial ointment for which carbo-veg. causticum and sepia have been suggested; and of cases which reappear every spring, cured by sulphuric acid.

The symptoms in the case before us are characteristic of sulphur, so we shall order her to take the 30th four times a day, and use sulphur ointment upon the hands only.*

Case 13,625. This patient reported at the dispensary for the first time January 28, 1890. She complained at that time of an itching all over the body, but especially bad upon the back. No eruption was to be seen, but from her description it was thought to be urticaria. You will remember that I wrote a word upon her arm, and that it stood out in blazing red a moment or two afterward, a certain diagnostic sign of urticaria. Her other symptoms at that time were: urine quite scanty but clear, and of good color; no appetite of consequence; meat does not agree with her; sour things disagree with her; drinks a large quantity of water daily; her limbs swell, principally about the ankles; dreams frequently, and they are decidedly unpleasant; bowels are alternately constipated and loose; nearly every morning she has nausea and dizziness. Apis 30 was given, and a sample of the urine requested for examination.

February 4. She reported some better, but there was greater itching of the skin. She also complained of shortness of breath when lying down, especially on her back.

*NOTE.—This patient never returned to the dispensary, so the result of the prescription is not known.

The house physician reported that there was no disease of the kidney, so far as could be determined by the urine. Apis 200.

February 11. Itching greatly relieved. Urine not altered in amount or character, but it burns when passed. Apis 200.

February 18. The urine was all right—enough was passed. There was no itching and no evidence of urticaria upon the test of uriting upon the arm, but the patient had taken a severe cold for which bryonia, 30, was given, and she to-day reports well. The urinary symptoms suggested apis, and it cured the urticaria. There was no disease of the kidney so far as we could discover, no heart trouble, and yet the urine had been scanty for a number of weeks, although the patient drank considerable water. The excessive amount of water must have been gotten rid of in the sharp attacks of diarrhœa.

You probably have notes of Case 13,622, which was also one of urticaria, and in which the patient passed large quantities of urine. She entered the dispensary about the same date, but her symptoms were entirely different. She had an eruption upon the face and hands which came and went; no discharge from the eruption, which never remained much over fifteen minutes at a time. She said that before the eruption appeared the head felt very hot—as if the blood rushed there. She complained of headache whenever she entered a room where any one was smoking—she could not stand tobacco smoke. The class on that day (January 21), prescribed ignatia, 30, and it probably cured the lady, for she has not returned for a renewal of the medicine.

The exciting causes of urticaria are numerous, but in chronic cases it is often a difficult matter to decide what is the immediate cause. Presupposing a sensitive condition of the nerves of the skin, it is only necessary to provoke the eruption, to bring any irritant in contact with the skin, such as fleas, bugs, flannel, etc., etc. The circulation of acid or effete products in the blood acts as an exciting cause; so does disordered digestion, or pulmonary, gastric, uterine or renal diseases. In some instances mental emotions are the sole exciting cause.

In Case 13,625, the cause of the urticaria was possibly some foreign substance in the blood; probably bile which was carried off at the periods of diarrhœa, or some one of the normal urinary constituents which was retained in the system during the scanty urination. A relief of the urinary and stool symptoms was all that was necessary for a cure.

In Case 13,622, mental emotions were probably the basis of the trouble. She was one of those timid, nervous women, prone to brood over imaginary as well as real troubles. Ignatia is applicable for such women, and the remedy probably relieved her.

ON DIABETES MELLITUS.

THREE LECTURES DELIVERED IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO, BY C. E. LANING, M. D., PROFESSOR OF THEORY AND PRACTICE, AND OF CLINICAL MEDICINE.

LECTURE III.—THE TREATMENT.

When we come to the study of the therapeutics of diabetes the various lesions giving rise to it must be carefully borne in mind. A diagnosis is not always half the cure, but if the location and nature of the lesions giving rise to the disease already diagnosticated be ascertained, the case is not only half cured, but virtually and entirely so. Thus, could the pyosalpinx or the worm already spoken of have been determined to be the reflex cause of the diabetes, a cure was certain from that moment, since there could be almost no question as to the ability of the physician to remove either cause. Another point which must not be lost sight of is that, since diabetes can be *caused* reflexly, it may also be *cured* reflexly. There are such remedies as zizigium jambolanum, antipyrin, etc., which will almost invariably greatly lessen, or cause the sugar in the urine of diabetics to entirely disappear. This being so nearly a universal fact, and the diabetic lesions being so varied, certainly

shows that neither the one nor the other remedy can always act upon the primary or initial lesion.

Thus I have shown how jaborandi can diminish or cause the disappearance of sugar from the urine. Now, in doing this, it really cuts off the symptom whose presence is absolutely necessary in order that we may properly term a given complexus of symptoms saccharine diabetes. It has only done so, however, by producing another symptom, viz., profuse perspiration ; so that the symptom-group originally present has not been lessened in its components, but only changed in its character. This may or may not be again, for, while symptoms do not all have the same significance, the chances are always equal that the symptom which replaces another may be worse rather than better. As has been stated, if the alkalinity of the blood be lessened, it diminishes its ability to hold in solution and cause the oxidation of sugar. The checking of the perspiration and the consequent retention in the blood of the acid substances which should be eliminated by the sudoriparous glands, is one of the conditions which assists in the production of another condition or symptom, and this of a third, and so on.

It will thus be seen that in studying any given complexus of symptoms, the whole series represents a wheel within a wheel, and that the first wheel to go wrong is the most delicate one of all, the one that is made up of nerve tissue.

As I have stated, jaborandi is not curative in diabetes, nevertheless, its use may at times be productive of good. If the alkalinity of the blood is lowered from any cause whatever, the general nutrition is impaired, especially that of the nerve centres. Therefore, if a remedy can temporarily change this state of affairs and do so without causing any deleterious reactions, it will have accomplished considerable.

Zizigium jambolanum has caused sugar to appear in the urine of patients who had previously had no diabetic symptoms whatever. It must not be taken for granted that all remedies which may cause the presence of sugar in the urine, or on the other hand, its disappearance therefrom,

will be curative in diabetes. Thus zizigium has entirely failed to make any impression upon the amount of sugar in the urine in a number of cases under my care, although given in considerable quantities, in some instances as high as twenty to thirty drops of the tincture every few hours. When administered alone in this manner I have often failed to note any effect whatever, no change in the quantity or quality of the urine, no modification of the thirst, appetite or perspiration. In other patients I have seen it in a very short time cause a decided diminution of the quantity of sugar in the urine. The best results have been obtained when the drug has been administered in doses of from five to ten grains of the powdered nut. It has not in my hands given uniform results, and so far as my professional experience goes, I do not consider it a reliable or powerful auxiliary in the treatment of diabetes. It is but fair, however, to bear in mind the fact that no drug can show any great percentage of cures, when given indiscriminately for all cases of a certain disease, and I am aware that in the hands of some of my colleagues it has made a better showing than in mine. This must be largely due to their having differentiated their cases, which is the only basis of a scientific therapeutics.

Antipyrin has been claimed by some to have an almost constant and decided tendency to lessen the amount of sugar excreted by diabetics. Its action is neverthless uncertain and no doubt harmful if pushed to any extent, or continued for any great length of time; and as it is altogether palliative in its action it must be administered more or less continuously to control the excretion of sugar. In such cases, however, it frequently, if not invariably, simply changes the complexus of symptoms, and that too often for the worse.

Codeine has been used to a considerable extent in the treatment of diabetes. It exerts a decided influence upon the sugar-secreting mechanism, and will almost always, if given in sufficiently large doses, one-half to two or more grains, cause a decided diminution of the sugar in the

urine. It usually produces its best effects in cases where the patient is extremely nervous, and where the heart's action is more or less weak, and the vascular system in general is in an atonic state. It will check the excessive oxidation of the bodily tissues, stimulate the digestive and assimilative apparatus and improve the impulse and rhythm of the heart. This is its *action*, however, and the *reaction* must be carefully guarded against, for if it comes, a serious exacerbation of the disease is very liable to follow. It is useful in two classes of cases: First, in those patients in whom the diabetic lesion is of such a nature that by a temporary stimulation of the vascular and digestive systems nature will be enabled to remove the initial lesion, and consequently can stand the reaction which will follow the administration of the drug without serious effects. Secondly, in those cases which are hopeless, and where only palliation and retardation of the disease can be expected. I can say from an extensive experience, that in the latter class of cases codeine often has a most happy effect. If given judiciously, it can be continued for a long period of time with but slight apparent bad results. Its use for any length of time is almost always much better tolerated than is morphine or opium. I am sure that in such cases where no hopes of a cure can be entertained, one to two grain doses of codeine repeated as often as may be demanded, will lessen the quantity of urine and sugar secreted, diminish the tormenting thirst, and for a time improve the general condition of the patient to such an extent as to often arouse delusive hopes in both patient and physician as to a final recovery.

Lactic acid has a very beneficial action in some cases. Most frequently it is useful in the earlier stages of what may be termed gastro-hepatic diabetes, *id est*. cases in which there is marked disturbance of the stomach and the liver. There is scarcely any remedy under whose physiological action such immense quantities of urine are voided. The patient is obliged to get up from three to five times each night to pass a large amount of light colored urine, often of a high specific gravity. The tongue is dry and sticky, and

the thirst is often intense and unquenchable, except for very short periods. The patient is often obliged to keep water at the bedside during the night, the thirst being so inordinate as to arouse him from a sound sleep, and this is often tantalized by dreams of inaccessible streams and pools of tempting water. The appetite keeps pace with the thirst, and scarcely enough food can be eaten to allay the insatiable craving. At times almost any quantity or quality of food eaten is seemingly digested rapidly and perfectly, at least it causes no sense of discomfort. Again, there occurs a reaction, and little or no food is wanted, or whatever is eaten creates great distress in the stomach, and is accompanied by nausea, retching, and profuse pyrosis. At such times the tongue is generally red and quite sore, being much irritated by almost any article of food. Often the tongue is coated heavily with a white or yellowish fur. The bowels are almost always constipated, the patient often going for from four days to a week without a movement. The stools are scanty, hard, dry, and of a very dark color.

The skin is dry and harsh, there being little or no perspiration. The patient complains of great weakness and prostration, being averse to any kind of exertion. There is often much chilliness of the body in general, much coldness and aching of the lower limbs. The sexual power is greatly diminished, although the patient has frequent dreams of sexual intercourse, and is frequently annoyed and weakened by involuntary emissions.

One peculiarity regarding the urine is that as a rule that which is voided in the afternoon and evening contains much more sugar than that passed in the morning, the specimens passed in the early part of the day at times containing merely a trace, while those passed later in the day may contain large quantities of sugar.

This is a remedy that is seldom employed in the treatment of diabetes, and more than once I have seen exceeding good results to follow its administration. The gastric symptoms are often the most prominent, at least as regards the differentiation of this from other remedies. Always in

a case of diabetes when there is a great amount of urine secreted and at the same time there is much acidity of the stomach accompanied by sour burning rising into the œsophagus, lactic acid is strongly suggested. A symptom of the drug which I have seen verified, is marked intermittent protrusion of the eye-balls, and great dilatation of the pupils, due to irritation conveyed through the fibres from the cervical sympathetic to the dilator pupilæ, and the musculus orbitalis.

As I have stated in a previous lecture, the liver is always either reflexly or directly affected in diabetes. Consequently the hepatic symptoms are often those which furnish the strongest indications for the curative remedy. I have found the following remedies valuable when marked evidence of derangement of the liver was present in cases of diabetes.

Bryonia has in several instances been the only remedy needed from first to last to complete the cure of diabetes. Dryness of the lips is often one of the first symptoms of diabetes, and belongs so generally to the disease that without some other concomitants it cannot be taken as a characteristic indication for any remedy. No remedy has this symptom more marked in hepatic difficulties than has bryonia. The ganglionic nervous system is powerfully affected by this remedy and, as most of the secretions are controlled by fibres from this portion of the nervous system, it can readily be seen how many of the diabetic symptoms may make their appearance under the physiological action of this drug, and in turn be removed by it when it is given upon the homœopathic principle. When, then, in addition to the dryness of the lips and tongue, there is present a decided and persistent bitter taste in the mouth, *always* aggravated in from a few minutes to half an hour after eating, or even after the drinking of water, bryonia is strongly suggested. This is *very* characteristic of bryonia.

The splanchnics are acted upon very decidedly by this remedy. In these nerves are contained fibres which inhibit the peristaltic action of the intestines, checking them in diastole as it were, in a manner analagous to the action of digitalis on the heart.

They also contain the excito-secretory filaments which stimulate the intestinal follicles to secretion, and *per contra*, also the excito-inhibitory nerves. Bryonia acting upon the inhibitory nerves in each case naturally gives rise to constipation, and to stools which are large in diameter and at the same time hard and dry.

The process of oxidation in the liver is greatly diminished under the action of bryonia, and consequently the glycogenic function of that organ is at times seriously deranged. The quantity of urine excreted is not so great as under some other remedies, and as a consequence of the increased amount of solids, not only sugar, but also urates and uric acid, the specific gravity is usually high in a bryonia case—much higher than the same quantity of sugar would produce in some other cases in which the liquid portion of the urine was greater, and the amount of urates, etc., less. And this should remind you of what I have said regarding the fallacy of depending upon the urinometer solely as a guide to the progress of your case, for sometimes the variation in the quantity of liquid and solids will altogether mask the relative proportion of the sugar. The bryonia patient, if a woman, is often greatly distressed by pruritus of the vulva, and at times this tormenting sensation extends up into the urethra. The patient is languid, morose and dispirited, averse to all kinds of mental or physical exertion, and withal is very irritable. The thirst is not usually extreme, and in many cases the hunger is not at all voracious; indeed often the reverse is true, and the patient loses strength through inability to eat.

The tauro-chloric acid present in the system, as shown by the intensely bitter taste, often acts as a depressant to the heart's action, so that the extremities are cold and the general nutrition and strength impaired. Often an intense pruritis that is more or less general develops, and the skin is harsh and dry. The sleep of the diabetic patient whose case calls for bryonia is almost always disturbed and unrestful, the night being filled with dreams.

Warm weather or heat causes an aggravation as a gen-

eral thing, but not always, of the purely diabetic symptoms, *i. e.*, as regards the quantity of urine and the amount of sugar in it. Rather are the other evidences of hepatic derangement aggravated as shown by a greater loss of appetite and more marked debility, together with an increase, if possible, of the bitter taste. The bryonia patient does not excrete urine in proportion to the amount of water that is drunk, though neither the thirst nor the quantity of urine passed equals the same condition under lactic acid and other remedies to be mentioned later.

There is quite a tendency for the urine to change in its relative quantity and quality. Thus, one day, or for a short time, it will be comparatively free and light colored, suddenly to become more or less scanty, depositing a pinkish sediment of urates.

Not always present, but very characteristic of bryonia, is a variable degree of soreness of the eyeballs, causing a more or less constant aching, aggravated by moving them or by slight pressure.

Leptandria has been mentioned by some authors as a remedy in diabetes, though I have never seen any well-defined indications given for its administration in this disease, nor do I remember to have read any report of a clinical case in which it had been the curative agent. I have not had a large clinical experience with it in the treatment of this disease, having only cured one case with it, although it has materially assisted me a number of times in bringing cases to a favorable termination.

It is an old saying, in which there is much truth, that "extremes meet." Where the glycogenic function of the liver is disturbed as the result of a deranged hepatic circulation, it is because, as a rule, the passage of the blood is hastened rather than retarded, yet it is not always so. At this point comes in one of the beauties of homœopathy, or what might almost be termed its synonym, individualization. Thus, it must be fully realized that we are not to treat *per se* the sugar in the urine, but the cause of its presence there.

In speaking of that form of diabetes which is due to irritation of the floor of the fourth ventricle, I told you that there preceded from that point nerve fibres which exerted a decided and controlling influence over the circulation of the chylopoietic viscera. When the centre giving rise to these fibres is in a normal condition, and the nerves which conduct the impulses sent from it are normal, then, barring organic lesions of the abdominal organs, the vascular circulation of that region will be perfect.

Irritation or stimulation of the centre referred to hastens the flow of blood through the abdominal viscera, and especially through the liver; depression of the same centre produces the opposite condition. When the blood-current is so much hastened through the liver, it does not give its cells time to retain for future use the amount of glucose which it should in order that that substance shall not appear in the blood in excess. This, of course, does not presuppose any lack of activity on the part of the hepatic cells, but simply that more work has been put upon them in a given time than they normally are expected to do.

Such a stasis of blood as occurs under the action of leptandria lowers the activity of the hepatic cells and deranges the glycogenic function of the liver; that is, its ability to retain the glucose or convert it into glycogen.

It may be asked if this is true, why does not sugar always appear in the urine under such conditions? A detailed reply would lead me too far from the subject under discussion, *viz.*, the therapeutics of diabetes; but in a word it all depends upon the condition of the nervous system of the individual. If the centres controlling the special hepatic cells which are most taxed are strong, they may, and will, for a long time resist any inimical influence. This is the principle which, when carried out, accounts for the variation of the symptoms in persons attacked by the same so-called disease, induced in each case by the same morbid influence.

Case.—In the one case which I can report as cured by leptandria I do not know how long the diabetic symptoms had really existed. The patient had been under old school

treatment for quite a while for "liver disease and constipation." Temporary benefit had been obtained at different times by the use of various cathartics. When the patient applied to me he was quite debilitated and had an abnormal appetite and thirst.

He complained of an almost constant feeling of emptiness or goneness in the stomach which seemed to be relieved by food only for a short time, if at all. After eating he almost immediately was uncomfortable, and at times had a distressing fullness, which might be present even though he felt the need of food, so that, as he expressed it, he "felt full and empty at the same time." There was a frequent desire to drink which he resisted as much as possible for the reason that it also produced the disagreeable sense of repletion. The skin was dry all over the body, and particularly of the face, it being rough and scaly, numerous bran-like flakes coming off on slight rubbing. The nose was red, swollen and sore, especially on the alæ. This symptom was better or worse according as he ate much or little; indeed, it was made worse even by the free drinking of water, a condition that evidently was due to the degree of portal stasis. These symptoms I consider to be quite characteristic of leptandria, for I have verified them clinically many times.

The bowels were as a rule constipated, the stools dark and tarry, and of a putty-like consistence. At times for a day or two there would be a diarrhœic state, when the patient would feel much relieved of the sense of fullness and the "gone-feeling." This was almost positive evidence that these special symptoms were due to portal stasis. The stasis in the gastric mucous membrane gave a sense of fullness in that viscus, and at the same time acted as an irritant to the gastric filaments of the vagus, causing a sense of hunger or of faintness. When he took food or drink into the alimentary canal, the absorption of it into the already overcharged vessels of course increased the feeling of fullness; while at the same time, the imperfect assimilation present prevented the gone, empty feeling from disappearing, so that two directly opposite sensations existed at the same time, a feeling of fullness and of emptiness.

During the diarrhœic periods the nose was much less swollen, red and sore, and was not aggravated to any considerable degree by the ingestion of solids or of liquids, further confirmatory evidence of what has already been stated.

While the hands and feet were inclined to be more or less cold all the time, the hands would become icy cold in a few minutes after either eating or drinking; indeed, if they were fairly warm at the commencement of a meal, they would be cold and pale before the meal was over. And this was true, no matter how small the meal or innocent the diet. This symptom I have often noted in hepatic stasis, and leptandria and chamomilla are the remedies most frequently indicated by it.

The sleep was poor and unrefreshing. At times he would be exceedingly sleepy, both day and night, and would sleep a large part of the twenty-four hours, but he was not in the least rested thereby. Again there was a feeling of great heat in the head and a wakeful period would supervene, during which time he could not get more than three or four hours sleep out of the night. This state usually preceded a looseness of the bowels by several days and was always relieved by the same.

The finger-nails were brittle and broke off easily. The sexual power, although formerly good, had almost entirely disappeared, a slight revival of the instinct being noticed during the attacks of diarrhœa previously referred to.

At times the urine was quite copious; again it was scanty and high-colored. I examined it, as is my custom in almost all cases, in this instance not expecting to find anything of special significance. The specimen examined had a specific gravity of 1.034, and upon testing for sugar I found it present in considerable quantity.

I at once put the patient upon leptandria 3 dec. trituration five grs. four times a day. Without entering into details as to the progress of the case from week to week, I may sum it up by saying that in three months he was entirely cured and has now remained so for a period of two years.

[TO BE CONTINUED.]

Clinical Society Transactions.

HOWARD N. LYON, M. D., SECRETARY.

APRIL MEETING, 1890.

The Annual meeting of the Clinical Society was held in parlor 1 of the Grand Pacific Hotel, Saturday evening, April 26th. Drs. Abbie A. Hinckle, F. H. Honberger, W. B. Hanna and C. S. Jones were elected to membership.

The following were elected to office for the ensuing year: *President*, DR. R. M. BARROWS; *First Vice-President*, DR. J. WATRY; *Second Vice-President*, DR. ISADORE GREEN; *Third Vice-President*, DR. A. K. CRAWFORD; *Secretary*, DR. H. N. LYON; *Treasurer*, DR. W. M. W. DAVISON; *Executive Committee:* Drs. T. S. Hoyne, G. F. Shears, J. E. Gilman, H. V. Halbert and J. B. S. King; *Board of Censors:* Drs. D. S. Smith, C. H. Vilas, R. Ludlam, Jr., Sheldon Leavitt and B. S. Arnulphy. Following is the

SECRETARY'S REPORT FOR THE YEAR ENDING APRIL 26, 1890:

During the past year reports have been received from the chairmen of *twelve* Bureaux with a total of *fifteen* papers. Thirty-three volunteer papers have also been presented by members and friends of the Society. The Society has discussed *eleven* special cases, and in two instances the patients were brought before the meeting. Seven new members have been elected, making a total of 105 members. Owing to very inclement weather one meeting went by default. The total attendance for the eleven meetings held during the year was 627, making an average attendance of *fifty-seven*. .. Respectfully submitted,

HOWARD N. LYON, Secretary.

VERNAL EYE DISEASE. BY C. H. VILAS, M. D., OF CHICAGO.—The advent of spring-time is a trying season to many enfeebled constitutions, and the eyes are prone to

acute diseases or exacerbations of those which have become chronic. The changing temperature, the high and piercing winds, scattering the seeds of disease and inflaming sensitive tissues, combined with debilitated systems, produce a number of diseases which are more frequent than at any other time of the year.

Among the poorer classes, though by no means confined to them, are the inflammations of the conjunctiva, and especially the catarrhal and phlyctenular forms. The former generally is ushered in rapidly and progresses more speedily than at other seasons. Hence the catarrhal secretions are quickly apparent and annoying, and the earlier monitions are not noticed. At the time the patient applies for relief the conjunctiva will be highly congested and a thick, tenacious discharge will have set in, often greatly alarming the sufferer, though not as dangerous to the integrity of the structure as it seems. The usual sensations of sand in the eye with smarting and itching may not have been noticed; there is no dread of light and little flow of tears. The patient looks boldly at you, but constantly wipes the eyes, and on and about the edge of the lids are dry, scaly patches of hardened discharge. In the conjunctiva may be seen numerous hemorrhages and the whole tissues seemingly are in a state approaching the purulent form, for which this form is often mistaken. But the prognosis is always excellent and rarely at fault.

The treatment at once should be a careful cleansing of the eye and lids with warm water, or equal parts of warm milk and water, and the internal administration of euphrasia. Eperience favors the first decimal attenuation, under which the symptoms promptly disappear, as a rule. More marked cases may demand a mild astringent, as two grains of zinc sulphate to the ounce of distilled water, a drop to be placed in each conjunctival sac three or four times during the hours the patient is awake.

The latter form, the phlyctenular, appears in an equally marked but more distressing form. If confined to the conjunctiva it is not so painful, but if—as is often the case—

the cornea is trenched upon, the distress may be excruciating. The first that may be noticed is the photophobia, quickly followed by the scalding lachrymation. The phlyctenules, or little blisters, speedily ulcerate and expose a terminal filament of a ciliary nerve, and a blepharospasm closes down the lid with a firm grip. Not infrequently a history of supposed injury by a flying foreign body complicates the trouble, and misleads the diagnosis. If the patient is young, the inability to open the eye must be overcome by a few whiffs of an anæsthetic, or a careful examination cannot be made.

Before applying local treatment a careful consideration of the general system must be undertaken, and if the patient is run down a nourishing diet and proper hygienic measures must be advised. Catarrhal conditions of the nose, pharynx, and adjacent parts, must receive attention, and eruptions of herpes, eczema, etc., sought out and relieved by internal or other appropriate remedies. Perhaps these will be sufficient, and not too hastily must a resort be had to local measures.

Often, however, the disease is firmly seated, and demands local relief. The constant friction of the lids, delicately lined though they are, is distressing, and to prevent this a badage must be adjusted. The care spent in doing this properly will be well repaid. Just enough pressure to allay, and no more is desired; too much creates pain. The relief to the patient will readily induce the wearing of the bandages, and the best results will be attained. Several times a day the covering should be removed, and the eyes irrigated with a four per cent. solution of boracic acid, or a weak solution of mercuric bichloride (one to five thousand). The cheek should be oiled to prevent the erosion of the lachrymation, and good air enjoined. Persistent, delicate attention ensures success.

If refractive errors are present they should always, as at other times, be corrected, and in a certain number of cases play an important part. But specialists find more such naturally than general practitioners, and unless the

refractive error is a marked one a cure can generally be effected, though perhaps transitorily, without a correction of the errors. But this does not excuse the necessity for correction, and the refraction should receive attention as a possible source of trouble afterward.

Corneal ulceration is also easily provoked at this season. Our streets are not models of cleanliness, and the constant upturning of the many kinds of dust is almost certain to irritate or abrade the thin covering of the cornea and excite ulceration. The strong gases generated by the various kinds of filth in its first release from icy bonds may play a more or less important part in causation.

The symptoms of pain, photophobia and lachrymation are all too well known to require emphasis, and the ulcers are so plainly exposed as to be easily seen by the unaided eye.

A mild solution of atropia sulphate, or eseria sulphate, a grain of the alkaloid to the ounce of distilled water, will be found all-sufficient for local use, and may be instilled into the conjunctival sac three or four times a day in drop doses. A protective bandage should be carefully adjusted and retained in place. Internally a few daily doses of nux vomica, 30x dilution, may be administered.

I subjoin a few cases as illustrative of the treatment recommended.

Case 1. Mr. L., a real estate dealer, came complaining of the intense inflammation of his eyes. He said he had never had such an attack before and was greatly alarmed. The day before he had been in his buggy nearly all day on the prairie adjoining the city attending to the laying out of some acre property. The wind was from the northeast, strong and very raw. He believed some peculiar dust must have blown into his eyes, as he felt the beginning of the attack at the moment of a high gale striking him as it blew over the open country.

I found the conjunctivæ highly conjested and secreting a thick, yellow discharge which clung to the lids and covered the cornea, obscuring his vision and obliging him to frequently close his eyes. But this, often repeated, did not clear his vision and was excessively annoying. There was a complete absence of photophobia, but some lachrymation of a scalding nature.

Here we have a complete picture of the euphrasia patient, so far as the eyes are concerned, and a case which I did not see again, one prescription being sufficient.

Case 2. Mrs. B. brought her baby to my office suffering so intensely as to prevent either herself or husband from getting any rest, in consequence of which both were very impatient with the trouble, doctors and mankind generally.

Some two weeks before the child rubbed her eyes, which seemed to be irritated, and was more or less fretful. Nothing very much seemed to be the matter and the mother endeavored to sooth them with domestic remedies. After a day or so the conjunctivæ grew redder and the child seemed disinclined to open her eyes and resented their being touched; would not permit her face to be washed without making much commotion. Then she grew fretful, kept her lids closed, through which oozed tears and a little white substance, and finally began to hold her head down tightly on her chest. In about this state she has remained ever since, and though the eyes have been treated by a physician, no appreciable benefit has resulted.

A little chloroform was administered, and then the lids opened. Underneath were found the peculiar little blisters on the cornea and conjunctiva which characterize the phlyctenular form of conjunctivitis and keratitis. Some of them had already shed the epithelium and become ulcers, and the pain then set up by the nerve exposure was intolerable and productive of the intense blepharospasm present. The hot, scalding lachrymation had seemingly burned into the lids, the edges of which were raw and agglutinated.

The lids and conjunctiva of each eye were thoroughly cleansed with warm water, the little scabs soaked off, the face adjacent oiled, and a bandage carefully adjusted. This was directed to be removed every few hours, and the tears soaked up and the lid cleansed. A little of a four per cent. solution of boracic acid was instilled, and conium given internally.

A careful following out of this treatment speedily cured, though it was necessary to change the internal remedy once or twice.

Case 3. Master S., a bright little boy, repeatedly suffers from corneal ulcers, so his mother says. They "just come" in the spring-time, that is all there is to it. He has had them before, and they have been treated by the old-school way of touching them with nitrate of silver, or some such

stimulant. The patient is well nourished, though a delicate child, and troubled with enlarged cervical glands.

Inspection shows these ulcers to be superficial, with great photophobia at times; at others, almost none. The redness of the conjunctiva is not marked; lachrymation profuse.

A bandage was carefully applied, a drop of a two grain solution of atropia sulphate inserted into the conjunctival sac, and nux vomica given internally.

An almost immediate beneficial result was noticed, and a speedy cure resulted.

I have not dwelt on the remedies that may be suited to different cases, as it is not my intention to do more than to mention, with indications, the remedy found most valuable this spring. Individual cases require carefully selected remedies often; they cannot be embraced in a paper intended only to supply a seasonable hint, but must be sought in an exhaustive consideration.

HEADACHE DUE TO ERRORS OF REFRACTION. By DR. J. WATRY. There is probably no ailment from which the human family suffers more than from headache. It is often a symptom which is most apt to mislead both the patient and the physician; hence it is very important to be familiar with all the various causes that may excite pain in the head. Hemicrania is most frequently complained of without local disease. The pain may be due to numerous causes, such as morbid changes in the blood induced by a disturbance of the sympathetic nerve, which is liable to take place either in its cranial or cervical portion. The symptom may also be brought on through disturbances of the stomach, kidney disease, acute specific diseases, and functional disorders of the nervous system. It is usually for these changes and disturbances that the physician searches to combat the trouble complained of. While it is true that in the majority of cases the cause of such disturbances can be found, there is, however, also a large number of them in which, to the general practitioner, there seems to be no apparent cause; and yet the patient, at times, suffers intensely

from headache, and, in fact, may hardly ever be entirely free from it. These are the cases which baffle the skill of many an accurate prescriber.

During the past years I have had many cases which had been treated months and years for headache without relief, the real cause of which was a faulty refraction of the rays of light in the fundus of the eye. For a number of these cases I am indebted to some of my colleagues; others came to me of their own accord, because they had some trouble with the ears, or because they thought their eyes might have something to do with the pain in the head. The results I have had in about eighty per cent of these cases have been so gratifying that I thought them to be of interest to those who sent similar cases to me for examination, and at the same time might possibly throw light upon puzzling cases now undergoing treatment with no benefit. The following are a few cases which are taken from my record book, and which clearly demonstrate what I endeavor to present:

Case 1. Headache brought on by spasm of the ciliary muscle. An American woman, twenty-six years old, who helped to support the family by sewing, said that she had always been using her eyes a great deal, with but very little inconvenience until a year ago. Since then she has not been able to do a full day's work, because her eyes would not hold out, and if she forced them she brought on a most intense headache. Within the last six months she could not remember of having had one day without headache, and has often been obliged to give her eyes a rest for one or two days, so as to be able to resume her work. Some three weeks ago her sight became so bad that she could no longer sew, even after giving her eyes a rest for a few days, as she had been in the habit of doing. There was marked hyperæmia of the conjunctiva. The sight in both eyes was only $\frac{20}{200}$. The ophthalmoscope showed the patient to be hypermetropic. On testing the eyes with the trial lenses, it was found that a convex glass rendered sight much worse, but a + 1oD cyl. oxis 90 raised the sight in the right eye to $\frac{20}{70}$, and + 1.50D cyl. oxis 160 enabled her to see the same with the left eye. Prescribed atropine, to be dropped into the eye twice a day, and to wear colored spectacles. This

treatment was kept up for three weeks, at the end of which the headache had entirely disappeared, and she could now see $\frac{20}{30}$ with each eye. A+1D spherical raised the sight to normal. These glasses were prescribed to be worn constantly. This patient reported several times, and, although it has been over a year since she received treatment, there has been no return of the headache.

Case 2. HYPERMETROPIA AND INSUFFICIENCY OF THE INTERNAL RECTI.—A German 48 years old, manager in a large dry goods house, had not been able to read or examine goods for several years without the aid of a reading-glass. He complained of a constant fullness over the eyes with more or less dizziness, nausea and frequent attacks of headache. He had been wearing glasses for many years. The sight without glasses was very poor. He could see $^{20}/_{100}$ with each eye, with the aid of + 2D vision, was raised to $^{20}/_{40}$. With + 4D he was able to read No. 11 Jaeger, but after looking attentively for a few minutes the print became blurred. As he was troubled with chronic conjunctivitis, the blurring was attributed to this, and I prescribed both pairs of glasses with a slight astringent, to be used several times a day. At the end of two weeks the patient reported that the glasses for distance felt quite comfortable, but that those for near work did not answer the purpose. No deviation of the eye-balls could be detected. On testing the eyes however, for insufficiency of the internal recti, it was found that they required a prism of 6°. base inward, to converge with comfort for a prolonged time. A prism of 3° for the one eye and 2° for the other, both base inward, were then placed in the trial frame with + 4D, and the patient could now read No. 1 Jaeger. He expressed himself perfectly delighted over the result. The combination worked like a charm, relieved the headache as well as the dizziness and nausea.

Case 3. HYPERMETROPIC ASTIGMATISM THE CAUSE OF HEADACHE.—The patient, a boy 12 years old, had been subject to severe and prolonged headaches for over two years. He had no inclination to study because reading or writing always made the headache worse. The ophthalmoscope showed the eyes to be astigmatic. The sight was $^{20}/_{70}$ for both eyes. On testing the eyes with the trial-lenses it was found that + 1D cyl. axis 90, raised the sight in the right eye to $^{20}/_{30}$ and + 1D cyl. axis 105, had the same effect upon the left eye. The same lenses were prescribed in spectacle form to be used constantly.

Case 4. HIGH DEGREE OF MYOPIA.—A young girl aged 13, had been troubled for four years with a great deal of headache, which had been attributed to various causes. She complained of seeing objects very poorly at a distance, but could read the finest print by holding it somewhat close to the eyes. She had nice large blue eyes, quite clear and a very large pupil. There was more or less intolerance to light with a state of irritation, especially after using the eyes by artificial light. The sight was so impaired for distance, that she could count my outstretched fingers only at three feet with the right eye, and at seventeen with the left. The ophthalmoscope showed a large posterior staphylama on both sides, with localized atrophied patches of the choroid. After she had undergone a four weeks' atropine cure she was able to see $\frac{20}{30}$ with — 13D out of the right eye, and $\frac{20}{20}$ with — 250D out of the left eye. In prescribing the spectacles I reduced the power of the right lens to — 6D for fear that the eyes would not harmonize. The headaches in this case disappeared during the third week of the treatment, and the spectacles prevented their return.

Case 5. HYPERMETROPIC ASTIGMATISM AND CONVERGENT STRABISMUS.—This patient, a girl 14 years old, was brought to me because she was very cross-eyed. The mother, who keeps a millinery store, said that her daughter often complained of headache, especially when she gave her some fine needle-work to do. At times she complained of dizziness and nausea after coming home from school.

She had an alternate strabismus convergens of eleven millimeters. The vision in the right eye was $\frac{5}{20}$ and $\frac{5}{100}$ in the left. The ophthalmoscope showed a very high degree of astigmatism. An appointment for an operation was made and I operated on both eyes at one sitting. The result was a complete success. Three weeks after the operation her eyes were tried for glasses. It was found that + 4D cyl. axis 75, raised vision in the right eye to $\frac{20}{20}$ and a + 3.50 D cyl. axis 15, enabled her to see $\frac{20}{20}$. Only a short time ago I was informed by this mother of this patient, that all the unpleasant head symptoms never returned.

These are only a few cases out of a large number that have come under my observation. They were all troubled with what may be called "eye-headache," and all were relieved without internal medication. I found that all the different anomalies of refraction may cause the most per-

sistent headache. There are, however, many persons who have error of refraction and yet the defect may produce no discomfort for years. Such persons are usually very young and their muscular tone is in an excellent condition. These cases struggle along for years with the aid of the ciliary muscle to see and thus wear out their vital energy and finally, overcome by the fatigue which attempts at study bring about, must desist entirely from work and seek outdoor amusement as a relief.

Persons troubled with eye-headache usually complain that the neuralgia comes on after straining the eyes, or is liable to come on during the day, reaching its height toward evening. The pain is described as either of an acute or dull character, passing from the eyes straight back to the occiput, or of a dull, heavy feeling over the eyes and through the temples, with a feeling of fullness in the brain. The headache is almost always brought on by prolonged convergence. It is found most frequently among those who are obliged to read a great deal or who are doing work that requires very good sight. Hence, lawyers, clergymen, clerks, commercial men and persons of other professions come under the head of those who are especially subject to the eye-headache.

It has been fashionable within the last few years, when patients suffered a great deal with pain in the head, especially if there were indications of a neurotic inheritance or of a defective tone of the nervous system, to dignify the morbid tendency by the name of neurasthenia. Such a scientific term sounds very agreeable and usually satisfies the patient, because the common advice, to give the overworked brain a rest, is as a rule followed by a very great improvement, but shortly after the work is resumed the same head disturbances invariably return.

It is of the utmost importance in prescribing to know the exact meaning of the different symptoms before the remedy is selected. Many cases have not the least intimation that the eyes as well as the nose or the ears may cause headache; therefore it is well in dealing with somewhat

obscure cases, not to dismiss the eyes without due consideration and a thorough examination. Very often the eyes will be found to be the principal cause of the constant headache, and that the dilated pupils, the hyperæmia, the brilliancy of the eyeballs and the throbbing in the temples are after all not the key-note to the remedy. The recognition of optical defects and their bearing upon health will often enable the medical adviser to guide aright those consulting him, when otherwise very serious consequences might follow the lack of this very practical knowledge.

Discussion.—Dr. E. S. Bailey: It was with great interest that I listened to Dr. Watry's paper, and especially was I interested in Dr. Vilas' description of the value of euphrasia in catarrhal troubles of the eye, as they are met with by the general practitioner. While most of us prefer to turn such cases over to a specialist, yet the physician doing a general practice must necessarily meet with such cases occasionally. Euphrasia, in the low dilutions, or as a local application, has been of great service to me in the first stages of catarrhal inflammation of the eye, especially when occurring in children. The necessity of perfect cleanliness and the value of applications of hot or cold water, as indicated, are, unfortunately, not as generally recognized as they should be.

Dr. Watry's paper has shown us some of the marvelous results from the mechanical treatment without any medication whatever. There is no guess-work in the laws of optics. Nothing is more satisfactory in the whole domain of medicine than to proceed directly to the cause and immediately supply the curative remedy. It is much more to one's credit to trace a manifestation of disease to its source and there correct it, than to depend upon the blind selection of a drug.

Headaches are gradually getting out of the hands of the general practitioner and into the hands of the specialists. Many cases are of reflex origin from nasal troubles; others are due to diseases or injuries of the eye or ear, and the

balance chiefly fall within the spheres of the gynæcologist and neurologist. When the general practitioner is unable to relieve a patient suffering from chronic headache and the case drags along for weeks or months, it should be sent to a specialist, for almost invariably the trouble is of reflex origin.

Dr. E. L. Smith: I have a case at present that has come near setting me crazy, and it should be sent to some one that knows more about it than I do. The patient claims that the trouble started from getting something into the eye. There is an ulcer about an eighth of an inch in width extending across the cornea, which bulges considerably. Vision is but slightly impaired; there is no headache, but there is pain and roaring in the ear of the same side. There is also a discharge of fluid resembling the aqueous humor, but no pus.

Dr. Watry: The probabilities are that the case is one of simple inflammation of the cornea, with ulceration. The intra-ocular pressure has caused a slight corneal staphyloma. The patient probably has taken cold, which, settling on that side, has caused an occlusion of the Eustachian tube and a slight congestion of the middle ear.

Dr. Smith: The patient has had no cold recently; the roaring came on about the second or third day after the injury to the eye was received

Dr. Watry: The roaring in the majority of cases is due to a distension of the capillaries and arterioles of the middle ear, and of necessity implies a congested condition of the part. This is usually the result of a cold, although many other causes may bring on increased tension and congestion.

Dr. Smith: To what is the discharge of water due?

Dr. Vilas: If it is the aqueous humor, then it is the result of a small fistula of the cornea. A bandage should be applied, and a drop of the following solution used locally twice a day:

℞. Eseriæ sulphatis.....grs. ij.
Aquæ dest..... ℥j.
Misce.

Dr. H. P. Phillips: I have derived much benefit from the use of euphrasia in the headaches accompanying the spring troubles of young girls. I have had several other cases recently and eupatorium locally has done much good.

Dr. H. P. Skiles: I should like to ask the causes of the floating, black specks before the eyes, complained of by so many patients? It seems as though I had had an unusual number of such cases this spring.

Dr. J. Watry: The most frequent causes are hæmorrhage into the eye and inflammation of the vitreous humor. All such cases should be examined by means of the ophthalmoscope. Often they are the first sign of approaching cataract. Again, there may be no trouble, other than a defective formation of the vitreous cells, causing the formation of a shadow on the retina, which is reflected in the visual field. If the trouble is actual we can distinguish it by means of the ophthalmoscope.

Dr. C. H. Vilas: The general rule is that if a person skilled in the use of the ophthalmoscope can see the spots, then the trouble is dangerous; if not, then there is nothing serious.

A great many reflexes are also produced eye troubles. Some of you may remember a case in the Hospital of a girl with a badly diseased eye who was greatly troubled with choreic spasms. I removed the eye, which was shrunken, with the result that the chorea disappeared.

Dr. Ludlam suggested that the local use of atropine and astringents in diseases of the eye must be regarded as medication, the same as when remedies are topically applied to the throat or to the uterine cervix. Whether belladonna in any form would cure astigmatism he could not say, but that it was an excellent remedy for certain headaches no one who had given it properly could possibly doubt. That Dr. Watry's practice of applying atropia where the glasses were requisite was correct and justifiable none of us would question, but some of us would like to know the reason for it.

Dr. J. Watry: Local applications were used in only two of the cases reported. In Case 1 it was used to relax a spasm of the ciliary muscle. When the patient first consulted me the vision was $\frac{20}{100}$ and nothing but a concave glass improved it, although the ophthalmoscope showed hypermetropia. The use of the atropine was the quickest and best method to reduce the eye to normal as near as possible, which was accomplished in a very short time. The sight was greatly benefited, and after the effects of the atropine had passed off nothing but a plus spherical lens improved the sight.

The other case was one of a high degree of myopia, with a large posterior staphyloma and congestion of the eye-ball. The prolonged use of the eyes with similar existing conditions would have been very dangerous, and hence the atropine was used, not on account of its medicinal effect, but to bring about the pathological action upon the eye-ball, to relieve the muscular spasm if any existed and to give the eye a complete rest.

Oftentimes the eye shows symptoms which may be entirely reflex. Thus the teeth often cause a reflex irritation of the eye which is propagated to the brain and produces headache. Dr. Galezowski, of Paris, made quite a study in this direction some years ago. He found that a large share of cases suffered with reflex eye trouble caused by decayed teeth. The most frequent symptoms found by him are profuse and persistent photophobia and lachrymation, and shooting pains through the eye-ball.

Only recently I was consulted by a physician who was troubled a great deal with one-sided headache. He thought that the trouble might probably have been caused by the eyes, as he had been reading a great deal. The eyes were, however, found to be quite normal, but it was found that the pain was due to some slight existing trouble in the middle ear, which was relieved with the headache after several treatments.

Another case presents itself to me, in which a continuous headache for years was due to a reflex irritation in the

nose. The case is that of a gentleman who tried all the different remedies to relieve the pain in the head, but with no avail. The pain was described as being on the left side, of a dull character, passing from the eye over the temple to the occiput. I was not satisfied, from the examination of the eye, that the pain originated there. On inspecting the nostrils, I found a large polypus on the left side. While using the probe to form an idea of its attachment, I raised the growth somewhat, upon which the patient immediately exclaimed that that made the pain feel easier. The polypus was removed, and with it a headache which had lasted at least four years.

It seems evident to me that these various irritations take place through the different branches which are connected, either directly or indirectly, with the otic, the opthalmic or ciliary, and the cervical gangliæ.

DR. C. H. VILAS: The subject of Dr. Watry's paper has received great attention recently, and much has been elucidated of late years. Chicago was a great center long before the World's Fair was suggested, and we are constantly coming across rarer and stranger cases than were thought of but a short time ago. We do not expect the eye to be responsible for all these troubles, and enough will still be left for Drs. Ludlam and Bailey. Many cases are found to have no relation to the eye, and may be due to diseases of the nose or other organs.

The paper that I read to-night is not exhaustive. It only applies to the remedies especially useful this spring. In a year from now the selection may be very different. The cases are very marked this spring. They seem very bad on first inspection, but clear up readily under the action of the proper remedy. Nux vomica is particularly applicable this spring. Even when empirically used, it works wonders, as a rule, in corneal ulcerations, because it is so generally indicated.

THE PRESIDENT: I meant to have said before that I worked at dentistry for three years and that many cases of headache are cured by the dentist. The reasons are ap-

parent when we remember that the same nerves are involved. I remember one case in particular in which the palatine arch was greatly contracted. I worked over this for a year, finally expanding the arch to a normal shape, and as the normal condition was approached the headache, which had existed for years, ceased. In another case the lesion was a dead pulp, causing irritation to a filament from the fifth nerve. There was no caries present. Relief was afforded by removing the dead pulp and cleaning the pulp chamber with antiseptic solutions.

We are only just beginning to recognize the important part played by the fifth nerve in lesions of the head. Diseases of the eye, ear, nose and mouth produce more headache than all other conditions combined. I will close with a brief account of another case. The patient, a girl, æt. 16, had suffered for years from a headache so severe that insanity was threatened. The pain continued unabated; at night causing sleeplessness. On examination myopia was discovered. Glasses were prescribed, which were worn for a year. The headache soon disappeared and has not since returned.

EYE-STRAIN.—A SHORT REVIEW. By C. GURNEE FELLOWS, M. D.—Enthusiasts can always find, or pretend to find, that for which they are looking. Matters of doubtful importance to the uninterested can be made of real worth to those seeking to substantiate a theory, and alas too often—even in the medical profession—are a few suggestions taken as ample proof of some long-thought-of theory.

Since an impulse has been given to the delopment of the specialties, men have had more time to follow up separate lines of investigation, and so there have naturally sprung up many new theories, the proof of which can only be settled by the lapse of time.

The subject of eye-strain, as a cause of headache and neuralgia, has been very prominent of late, and it is a short outline of some of the most common theories on the subject that I wish to bring before you, showing the present status of the question, with some of the opinions of leading men on the subject.

Dr. Geo. T. Stevens, of New York, has done more, per-

haps, than any other one to create the great interest in the subject, because he was among the foremost to claim wonders for a new method of treating old troubles.

The anatomical relations remain the same as of old, and if some in their enthusiasm have gone farther than others in their argument from cause to effect, we ought to be but willing to profit by the good in their labors.

In the matter of eye-strain as a cause of headache and neuralgia, there seems to be no great diversity of opinion; but as to its being the cause of more serious disease there is a good deal of discussion.

For the last few months all the medical journals at home and abroad have been full of the subject. Men in all schools and hospitals, as well as in private practice, have been noticing the same thing; hence a good deal has been written about it.

Since the eye is so well supplied with nerves, both cranial and sympathetic, it is not difficult to trace reflexes. Reflex actions from internal organs take place through the cerebro spinal and sympathetic nervous systems, and affect both the voluntary and involuntary muscular system.

Considering the fact of reflex phenomena in general as being established, let us look at some of them resulting from disease of the eye. Dr. Chisholm, of Baltimore, says, "the true headache eye is an astigmatic one," and by a series of cases proves that astigmatism is one cause of headache; but it can also be proven that hypermetropia, or myopia, is frequently the cause of similar trouble.

In the early part of 1889, Dr. Ambrose L. Ranney wrote an article upon the subject,* in which he advises the treatment of headache according to its cause, as (1) toxic, (2) organic, and (3) reflex, with the latter the most common. Among the reflex causes are errors of refraction, and improperly balanced eye muscles. Ranney published at that time fifty consecutive cases of headache and neuralgia treated exclusively by the correction of eye strain, in which simple headaches, migraine, neuralgias, melancholia, etc., disappeared or were relieved by tenotomy of the muscles, or the proper adjustment of glasses.

If it would not make this paper too long, I could cite cases under each of these heads, but you will accept them as facts, as they are reported elsewhere.

I can corroborate what so many are declaring, that convex or concave, cylindrical or prismatic glasses, each ap-

* *Medical Record*, June, 1889.

plied where indicated, have markedly relieved this train of symptoms or manifestations under discussion. One illustrative case in the person of Ranney himself is but a type. He was seriously ill with what was diagnosticated by an eminent man as "nicotine poisoning," and by another, "cerebral congestion," and was advised to give up work, yet his true trouble was undetected, until the use of atropine revealed a hypermetropia of three dioptres, and its correction cured the Doctor.

Errors of refraction and imperfectly balanced eye muscles are the common defects mentioned as conducive to eye strain, but it seems to me that corneal opacities could well be added. By the dispersion of rays of light, imperfect images are formed; the natural tendency of the eye is to overcome them, and so a strain of the muscles is produced.

Dr. Geo. T. Stevens, of New York, took a step in advance of others, claiming that the eye-*muscles* were particularly at fault, and by the correction of even the slightest deviation in or out, up or down, a long train of nervous phenomena could be cured. He made the cure of chorea—*petit mal*—and even of epilepsy come into the realm of possibilities.

In a paper read before the Neurological Society of New York, Dr. Stevens reported conclusions based on (5,000) five thousand cases of nervous diseases; chorea and epilepsy being especially affected by difficulties in accommodation and mal-adjustment of the eye-muscles.

Out of 64 cases of epilepsy treated exclusively by ocular conditions, 32 remained free from an attack varying from 7 months to 3 years, and 21 had shown marked improvement.

Dr. Ambrose L. Ranney, prominent in the field of nervous diseases, endorsed the position taken, and each published cases to substantiate the theory advanced. (*Boston Medical and Surgical Journal*, Jan. 2, 1890.)

Dr. Hughling Jackson believes in the ideas advanced.

Dr. J. H. Woodward, of Vermont, has published 150 cases of headache, vertigo, lachrymation, nausea, epileptiform convulsions, migraine and neuralgia, in which 85 per cent were relieved and only 15 per cent failed to find relief.

Dr. George M. Gould, of Philadelphia, reports 312 out of 500 cases presenting headache as a symptom, as relieved by treatment of eye-strain.

Galezowski & Landolt, of Paris, have contributed opinions similar to those mentioned.

Now, on the other hand: In 1884 Drs. Dercum & Parker found that prolonged strain of any muscle, or group of muscles, in extremities of healthy subjects, after a longer or shorter period, depending upon individual equation, would produce convulsions of a severe type. It can readily be argued that various reflex phenomena might be caused by natural fatigue of the eye, and that all treatment applied was beneficial because of the rest obtained. This may in a measure be true, and seems to be the idea of Dr. Pomeroy, who has seen eye-strain and accompanying symptoms in emmetropic eyes. But the cause is just as real, and the effect as obvious: a strain exists, and you stop the strain and you stop the reflex manifestations.

The Neurological Society of New York decided to test Dr. Stevens' position. Neurologists* and oculists of good repute were put upon a committee and by agreement investigation was limited to chorea and epilepsy, and the following is the idea of the report: "So far as the investigation has warranted a conclusion, the method of Dr. Stevens does not afford a sufficient degree of relief to warrant its adoption or recommendation to the members of the Neurological Society as a means of cure or as the sole therapeutic measure." Had Dr. Stevens not claimed so much he probably would have found a better verdict. The criticism seems to be rather upon the extravagant claims made than upon the general subject, and I think that, personally, many of the members of the Neurological Society believe in the theories as spoken of in the early part of this paper.

Dr. M. Allen Starr, of New York, another prominent neurologist, reviews the subject as follows: "It is not my object to throw ridicule upon the past investigations, but to emphasize the fact that though all forms of peripheral irritation may produce nervous symptoms, no one form has such a special importance as to warrant the extravagant statements made by its earliest supporters."

His experiments and observations show that there is both in health and disease a considerable variation in the power of the eye-muscles, and his conclusions are that while eye-strain or other peripheral irritation might be the source of nervous manifestation, it is a rare cause of nervous disease. He does not believe that true epilepsy or chorea could be produced by eye-strain or cured by its relief.

Thus we see that something depends upon the pathology of epilepsy and chorea. Roberts Bartholow says:

*Journal of the American Medical Association, January, 1890.

"There is *no* morbid alteration peculiar to epilepsy, * * * but among its occasional causes is irritation of perpheric nerves."

With such authority as to the pathology, and such experiments and facts as have been mentioned about eye-strain, one of the peripheral irritants, it seems altogether probable that nervous phenomena, epileptoid or choreic in character, might be averted or improved.

But if we accept the idea as advanced by some, as to the pathology, that it is a secondary degeneration and general sclerosis of the brain, we could hardly expect marked results from removing peripheral irritation.

Now, what can be learned from these accumulated facts, from these extremists, if you will call them so? These discussions pro and con have reference to only one general type of peripheral irritation, but they lead us to the knowledge of what is true and what is not. There are, however, other peripheral irritations attracting equally as much attention. The rectal specialist claims that epilepsy, hysteria, headaches, neuralgias, backaches, can be cured by stretching the sphincter ani, or by removing "pockets and fringes."

The gynæcologist would have you believe that only by removal of the ovaries or uterus, or all of them, could you arrive at the desired result. Others would turn your attention to nasal stenoses and occlusions; many would depend upon climatic influence, or upon internal medication, and the oculist would tenotomize the muscles and prescribe glasses.

Now, we have many remedies for the same thing, and people cry in horror, would you do *all* these things? By no means. We should be broad, and know that the truth does not always lie in the same direction. We should not advise all these methods of treatment, but one, and as physicians we should know which one was the rational method for the case in hand, and apply it, or turn the patient over to one who can apply it. We should consult the interest of the patient, and not our hobby, and, by endeavoring to know all, to choose wisely and well.

WOUND OF THE LOWER EYELID. By DR. SARAH W. ANDREWS. *Case:* On March 31st I was called to see a boy four years old, who, in playing with a button-hook, had caught it in the lower lid of the left eye near the inner canthus. He had become frightened, had jerked the hook

and torn all the lid away from the inner to the outer canthus. At the latter point the attachment left was about three-quarters of an inch in width, but the whole lower lid hung down so as to expose the lower portion of the eyeball. The lachrymal duct was uninjured. I administered chloroform, washed the wound carefully with calendula and water, replaced the lips of the wound, and secured them with three silk sutures. The wound afterward suppurated freely, and was so sensitive that I had to resort to anæsthesia each time it was dressed. I always deem it wise to call a specialist, and so, on the fifth day, in the absence of Dr. Vilas from the city, I had Dr. Foster to examine the case and to assist in removing the stitches. He pronounced the surgical part well done; the wound has healed with but a slight scar, which I think will soon disappear.

VOLUNTEER PAPERS: 1. TREPHINING IN CASE OF CEREBRAL INJURY WITHOUT AN EXTERNAL WOUND OR A FRACTURE OF THE CRANIUM.—A NOTE BY DR. G. F. SHEARS.—I desire to say a word in reply to Dr. Belle L. Reynolds' question at the last meeting of the Clinical Society. "The question I desire to ask is, when there is no evidence of external injury or of fracture of the skull, as in this case, would Dr. S. consider it justifiable to trephine?" *

There are cases in which no fracture of the skull or external injury can be found, in which trephining is certainly to be recommended. Thus, in nearly all cases of sub-cranial hemorrhage, and in arachnoid hemorrhage, such a procedure is warranted, and may be followed by the best results. For example, a boy fell upon the ice, striking severely upon the head. He was stunned for a short time, but recovered consciousness and walked home. Within an hour after reaching home he became comatose, with paralysis of the right side. Examination revealed no external injury to the skull. In this case the presumption was that there had been a rupture of some of the sub-cranial or arachnoid vessels, probably of the middle meningeal artery, and that when the child recovered from the first shock and reaction took place, blood poured out from the torn

* THE CLINIQUE for April, 1890, p. 180.

vessels, and produced compression of the brain. Trephining over the middle meningeal artery uncovered the blood clot, and its removal was followed by the return of the cerebral functions.

There is another class of cases, however, in which the indications for trephining are not so positive; thus hemorrhage, the result of laceration of the brain, in which the blood is poured out into the substance of the brain, or into the ventricles, is very difficult to control, and is much more difficult to find without serious injury to the brain tissue.

In the case reported by Dr. Reynolds the following symptoms are noted: Immediate loss of consciousness, from which there was no recovery. The right side soon became paralyzed; partial aphasia, followed by spasms of the facial muscles of the right side, which afterward became general, with incontinence of urine and fæces.

The immediate occurrence of symptoms of compression of the brain suggests the probability of a laceration of the brain tissue, with hemorrhage into either the substance of the brain or the ventricles. The aphasia, the paralysis of the right side of the face, arm and leg, would indicate injury to the lower, middle and upper thirds of the central region of the left side, and it is in this region that an exploring operation might have been made.

In such cases the probability of a successful result following trephining is slight and operative procedure, therefore cannot be recommended with the same hope of recovery as in the first class referred to; but, inasmuch as a few successful results have been attained, as in the case reported by Schmeide, and quoted by myself, I believe we are warranted in at least making an effort to save the life of the patient.

2. Another note on cerebral surgery, by Dr. H. B. Fellows.—The report of the Bureau of Surgery by Dr. G. F. Shears, contained in the April issue of the Clinique, is one of especial interest, because it presents some of the ad-

vances in surgery in a growing and very interesting field; and one which has been uncultivated until within a comparatively short time. The great advances in neurology, and especially the localization of the functions of the brain, and of antiseptic surgery have rendered operations about the head possible, which, were either condition lacking, would present such great dangers that the surgeon would hardly want to take the chance of pushing this work.

Trephining must always present many dangers, but already it is advocated by some authorities as justifiable for exploration. The number of conditions in which this course may be pursued at the present time does not seem to be large, but the field is enlarging.

Perhaps the latest disease that has called to the surgeon for aid is general paralysis of the insane, or paresis, as it is getting to be popularly called. Several cases have been trephined for this condition, and some benefit reported, but how permanent this will be time must tell. The hypothesis on which the operation is performed is that the symptoms, both mental and physical, depend largely, at least in the first stages of the disease, upon the pressure within the membranes, and consequently on the brain substance, of too much fluid. The removal of a good bit of the skull-bone allows more room for the fluid, and the incision or removal of the corresponding dura-mater allows the escape of some of the offending serum, and thus removes the pressure which is one of the offending conditions. The scalp covering of the wound is expected to continue the absorption of the superabundant serum. If the hypothesis is true so far, it is easy to see how other benefits might follow: as the relief that would accrue to the perivascular spaces, allowing their contents to flow out more readily, taking used-up, and perhaps toxic, material away from the brain cells, and letting the fresh arterial blood have freer access to them. The proceedure has the benefit of Dr. Tuke's sanction.

It has also been proposed to treat tubercular meningitis by tapping the lateral ventricles. This is as yet a theo-

retical suggestion, I believe, so far as this disease is concerned, but the operation has been performed in other conditions, and thus shown to be feasible. Specific rules for its technique are given by Dr. W. W. Keen, who has opened and drained the ventricle for weeks without causing any untoward symptoms. The operation may yet rank with the similar one on the peritoneum.

3. Glycosuria in the case of furuncles and carbuncles. By Dr. R. Ludlam, Jr.—*Apropos* of Prof. Laning's excellent lectures on Diabetes Mellitus, which are now being published in the Clinique, we venture to remind the members of the Clinical Society of the importance of examining the urine for sugar in all cases of recurrent boils and carbuncles. Whether the glycosuria holds the relation of cause or effect matters little. The clinical relation of these two conditions seems, however, to be very important, for in no other way, perhaps, can these troublesome lesions of the integument be so surely and so promptly disposed of. It must also be true, judging from the history of some of these cases, that, whenever they are present, the carbuncles most frequently occur in the initial stage of diabetes, and in the period during which that disease exists in a transient or temporary form, a state in which it is often curable. The following cases are submitted in proof of the importance of remembering that these two very different morbid symptoms or conditions are likely to coexist:

Case 1.—Mr. B., aged 53 years, a very active business man, being worn down with overwork, complained of a loss of appetite, insomnia, and brain-fag. He was, however, too busy to leave his office and to take proper care of himself. In another week he developed a decided carbuncle on the back of his neck, which, although it caused him much suffering and kept him at home, did not seem sufficiently serious or important to require the services of a physician. His wife poulticed his neck and gave him some domestic remedies, but the thing grew so much worse that finally she urged that we should be sent for. There was one decided carbuncle, at the apex of which a slough had formed, and

two or three others that were pretty far advanced. He was very weak and discouraged.

A specimen of the urine was obtained and examined. Its specific gravity was 1,035, and it readily responded to Fehling's and other tests for sugar. He was ordered a diet consisting chiefly of milk, with animal broths, and the internal remedy was uranium nitricum 3, to be repeated every three hours. He took no other remedy. The first carbuncle sloughed very deeply, leaving a crater of more than an inch in width. When this had evidently begun to heal the sugar disappeared from the urine. The other carbuncles were only imperfectly developed. In three weeks his health was entirely restored.

Case 2.—Mr. S., aged 29, a traveling man, had been subject to a crop of boils which had recurred every October for four years, and continued for from three weeks to three months under all sorts of treatment. They always came about the neck, and he sometimes would have as many as five or six in the suppurative stage at the same time. In consequence of this trouble he was laid up about one-quarter of the year, and only forced himself to work at other times. No one had ever questioned him about his urine, and he insisted that it must be all right for he had had no trouble in that quarter. When it was examined, however, its specific gravity was 1.028, and it readily responded to the proper tests for sugar. He, too, was put upon a meat and a milk diet, to the exclusion of starchy foods, and given hepar sulphur 3, with a dose of phosphoric acid every night. In a short time there were no more boils, the sugar disappeared from his urine, and his health was completely restored. One year has now elapsed and there has been no recurrence of his old complaint, nor have we been able thus far to detect the presence of sugar in his urine.

Case 3. Mr. T., aged 62, a slender but very active man, had been treated for debility and general impairment of his health for more than a year, during which time he had not been without one or more carbunculous boils about the neck and clavicular region, as well as the face. These had been poulticed and treated by ointments, etc., until he was sick and tired of having them meddled with. He had taken a great deal of medicine internally with a view to rid him of this pest, but without any apparent benefit. Indeed, his family and friends had settled on the idea that he was going into a decline, and that he would not probably live

very long. His appetite was very poor, and he had developed a harassing cough which interfered seriously with his sleep.

When we saw him we declined to prescribe until his urine had first been tested for sugar. Its specific gravity proved to be 1.027, and there was no doubt of the presence of sugar, as shown by a number of tests that were applied. The record was carefully kept, and it indicated a steady improvement in the quality of the urine, as well as in the other symptoms, from the time that our treatment was begun. That treatment consisted in the exclusion of amylaceous food, the taking of sub-acid fruits, hot milk and water, and meat and oyster broth. The only remedies given were the uranium nitrate for the glycosuria and the boils, and aconite 3 at night for the cough. This last symptom was the first to disappear, and in a little while he had no more boils. The urine soon became normal, and he has now been quite well for the past eighteen months.

Case 4. The notes of the following case were furnished by an esteemed friend and physician of the other school of medical practice. They are based upon his personal experience, and will help to elucidate the subject under review.

"In the summer of 1885 I noticed that I had acquired a decided polyuria. The bottoms of my trousers became stained and stiffened with whitish incrustations. And yet, strange to say, I did not suspect diabetes. A reverse in my business affairs, caused by a partner, threw upon me a great amount of additional labor, which exhausted me so greatly that I felt the necessity of stimulants, and as I could not use spirits except in a mild form, I began drinking champagne, using about two bottles daily. I attributed the polyuria to this cause and paid little attention to it.

"In the fall of 1885 I visited Dr. R. Ludlam, of Chicago, and called his attention to the fact that I had broken out with small boils on the back of my neck and also on my legs; my legs from my ankles to my knees being thickly covered with them. Dr. R. Ludlam, Jr., took great interest in my case and suggested that the boils and other symptoms pointed pretty clearly to a case of diabetes mellitus, and upon examination of the urine he found the specific gravity to be 1.035, while various chemical tests showed me up as a bad case of saccharine diabetes.

"I was then put upon arsenic, a general tonic treatment and a prescribed diet, consisting mostly of meat and skimmed milk. This I took for a long time and with much

benefit, but, as I fancied the arsenic created much nausea, I tried other remedies. I went through with about all the *armamentarim medicorum* for diabetes and came to the conclusion, that so far at least as my case was concerned, the best remedies were diet, quinine, whiskey and an occasional dose of morphine.

"In the spring of 1887, the boils on my neck, also those upon my legs, left me, and they have not returned. About that time my urine fell off in specific gravity. It had previously ranged at about 1.030 to 1.035. From that time it fell off slowly until the following spring, when it got down to 1.010, and it has staid at about that point ever since. At the same time my thirst fell off. I am sure that now I do not drink more than a normal quantity of water and that my urination is also about normal, or, if there is any difference the quantity is rather diminished. My appetite is good, digestion good and my weight strangely remains within two pounds of what it was in 1885. I then weighed 175; I now weigh 172 pounds. But yet I feel a great falling off of strength, and am at times subject to slight attacks of vertigo. But these attacks are readily stopped by a small dose of morphine.

"As to the medication of cases of diabetes, I have this to say: It amounts to very little, in my opinion; but my opinion is based almost entirely upon the history of my own case. In my case codeia has been of no benefit whatever. A great advantage is claimed for it by some authors on the ground that it does not constipate as much as morphia. In my case it constipates much worse than morphia, and does not possess a tithe of the power to resist the sugar-forming process that morphia does. It does not produce the itching that morphia does, but this effect of morphia is easily controlled by a small dose of quinia.

"After four years of treatment and careful study of authors, I have settled down on quinine, whiskey, and an occasional dose of morphine—a quarter of a grain twice a week—as the best treatment for me. Sometimes I go two weeks without any morphia, but generally I have to take it at least once a week. One great trouble I have had is to resist the formation of the morphine habit, but so far at least, I have held myself strictly within the necessities of the remedy as a diabetic agent."

Clinical Reviews.

HOMŒOPATHIC THERAPEUTICS, THIRD, REWRITTEN AND ENLARGED EDITION. BY SAMUEL LILIENTHAL, M. D., Philadelphia: Hahnemann Publishing House, 1890; pp. 1,154.

This work attests that a great book is not always a great evil, and that an old Fellow who has worn his spurs, and worn them too for a long time, can continue to do good service to the end, no matter how far off that end may be. It is something to say that we should all have been the losers if, like South's Surgery, each edition of this very useful book had been smaller than the preceding one.

"Age," said Alonzo of Aragon, "is a recommendation in four things, old wood to burn, old wine to drink, old friends to trust, and old books to read." Commend us, therefore, to this last and best book of our old friend Lilienthal, who spends the mellow evening of his days in making the resources of the materia medica available to the sick and the suffering, and not in simpering "over the teacups," and snarling about the division of our work into specialties, and all that sort of thing.

We like this book because it assumes that whoever consults it knows something to begin with, and that because of his intelligence he is in search of counsel and of information as to the remedy, or remedies, for a given case. The aptitude for diagnosis is not always proportioned to the aptitude for prescribing. In individual cases the scientific attainment may outweigh the art of finding a remedy, or *vice versa*. But every doctor who deserves the title should know enough to know, at least in an approximative way, the nature as well as the name of the disease that he is treating. After that, with a good share of experience, and the clinical instinct which is indispensable, he can consult this book with infinite profit to himself and his patients. If the reader will take our advice he will surely purchase a copy of it.

THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE. By DR. R. ULTZMANN, Professor of genito-urinary diseases in the university of Vienna. Translated by GARDNER W. ALLEN, M. D., Surgeon of the genito-urinary department, Boston Dispensary. Philadelphia and London; F. A. Davis, Publisher, 1889; pp. 160.

Whatever will throw light on the management of this very difficult and refractory class of cases surely deserves the most careful consideration. And writings upon this and kindred subjects are so apt to be of a quackish and irresponsible origin that members of the profession will be glad to get hold of a work that is both clean and satisfactory, cheap without being nasty. The first part of this little book is a systematic menograph on the sensory, the motor and the secretory neuroses of the genito-urinary system. It is very practical and quite up to the times in which this class of reflex nervous disorders of all kinds are being carefully studied. The second part is devoted to the analysis and treatment of sterility and impotence, and is a very interesting and useful portion of the work.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY. By G. A. LIEBIG, JR., PH. D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore, etc., etc., and GEORGE H. ROHE, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore, etc., etc. Profusely illustrated. Philadelphia and London: F. A. Davis, Publisher, 1890. 8 vo., pp. 383.

The issue of this book is opportune for those who are interested in applied electricity and who really desire to know how to use it intelligently need to know more about it than can be clearly and readily obtained by consulting most authors on the subject. It is divided into three parts. Part I treats of Electricity, Magnetism, Batteries, Storage Electricity, etc. These several subjects are discussed in the

plainest and most direct and practical manner. The illustrations are as clear and pointed as the text. The various forms of apparatus that are likely to be of daily use to the physician, as well as the most suitable arrangement of cells for any given work, the construction and use of galvanometers, the theory of the chemical actions taking place in the storage-cell, the best methods of caring for such batteries and a brief description of the electric motor, the telephone and the phonograph are carefully and properly considered.

Part II is devoted to Electro-physiology, Electro-diagnosis and Electro-medical apparatus. It first takes up the effects of electric currents upon the various tissues and organs of the body in health, then shows how these effects are modified by disease, indicates the methods by which these modifications are utilized for purposes of diagnosis, and closes with a description of the various appliances that are most useful in electro-therapeutic work.

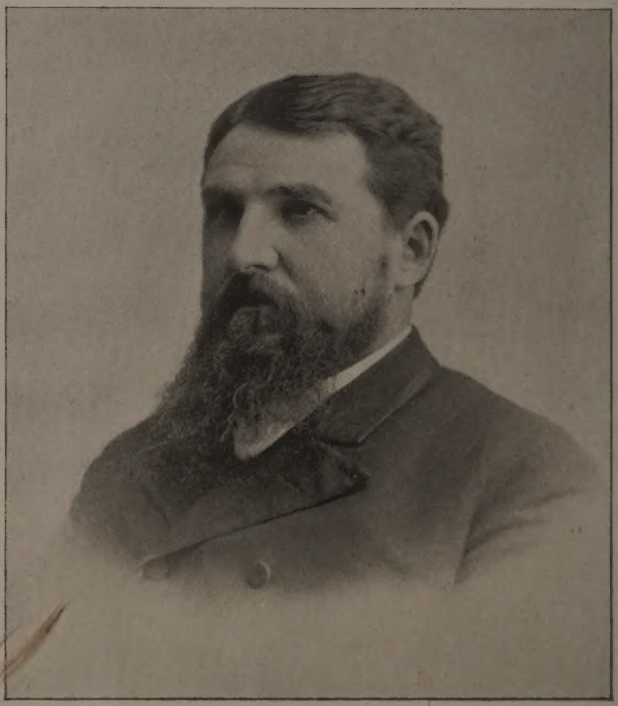
Part III considers the application of electricity to the treatment of disease. The methods by which it is made available for therapeutic purposes are described and the mode of its application in all sorts of cases, more especially in gynecology, in genito-urinary diseases of the male subject, as well as in skin affections, is fully and satisfactorily explained.

With the increased interest that attaches to the subject of electricity as applied to practical medicine and surgery, the need for a treatise of this kind is apparent. For hitherto the claims that have been put forth for it as a therapeutic agent have been of doubtful origin, unscientific and unsatisfactory, and the vouchers for its efficacy have not been very good. "This note," said a bank President (looking at the signature) "is bad enough; but (turning it over), with these endorsements, it is absolutely good for nothing."

When the right men know how to employ this agent, and truthful, competent and responsible parties will swear to its efficacy, we shall all be ready to give it credence.

Miscellaneous Items.

Thanks to the zeal and fidelity of Profs. Bailey and Lyon, the Clinical Society has had another prosperous year.——Dr. C. L. Smith has located at Morgan Park, Ill.; Dr. Charles J. Swan, '90, at 14 Warren avenue, city; Drs. Georgianna W. Harris and Julia F. Woodman at — Groveland Park avenue, city, and Dr. W. Sevell Draper is associated with Prof. Gilman.——Dr. R. C. Bain, '87, is one of the attending surgeons to the Cook County Hospital.——The *Medical Record* suggests that the bill which is pending to incorporate a Missionary Medical College in New York City "looks very much like a diploma-mill floating a gospel banner."——The Pennoyer Sanitarium at Kenosha, Wis., a new and beautiful building fully equipped, will be ready for occupancy in July.——Although as a rule we do not approve of college journals (!) we cheerfully offer the hand of good fellowship to the *Pulte Quarterly*, that hails from Cincinnati and bears date of April, '90.——The *Homœopatische Centralverein Deutschlands*, the oldest of our societies in Europe, will meet this year in Dresden, August 9–10, when a visit will be made to the house in which Hahnemann was born, at Meissen.——Licentiates can obtain copies of the 9th and 10th Annual Reports of the Illinois State Board of Health by addressing Dr. J. H. Rauch, Secretary, Springfield, Ill.——The Ill. State Hom. Med. Association is now in session in this city.——Our sympathy is extended to Dr. E. E. Shutterly, of South Evanston, whose excellent wife died May 2, aged 23.——The Bureau of Diseases of the Skin, Dr. T. S. Hoyne, Chairman, will report at the next meeting of the Clinical Society, May 31; subject, "Some Obstinate Cases."——Write to Dr. Bailey, 3034 Michigan avenue, for extra copies of the April CLINIQUE containing a full account of the *thirtieth* Annual Commencement Exercises, Valedictory and Alumni Addresses of the Hahnemann Medical College and Hospital of Chicago.——Prof. Hawkes has removed his residence to 4729 Kimbark avenue, Kenwood, city.



OSCAR W. CARLSON, M. D.

PRESIDENT OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.